



PTO/SB/05 (4/98)
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+ Approved for use through 09/30/2000. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. MI22-1246

First Inventor or Application Identifier Scott E. Moore

Title Semiconductor Processor Systems, ...

Express Mail Label No. EL465678097US

3/02/00

APPLICATION ELEMENTS	
See MPEP chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents in ADDRESS TO: Box Patent Application Washington, DC 20231
* Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Specification [Total Pages 83] - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies
- Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure Drawing(s) (35 U.S.C. 113) [Total Sheets 20] Double of Declaration [Total Pages 3] A. Newly executed (original or copy) Description of Inventors (37 C.F.R. § 1.63 (for continuation/divisional with Box 16 completed)	13. Statement(s) Statement filed in prior application Statement filed in prior application Status still proper and desired
under Box 4b, is considered a part of the disclosure of the accompan	supply the requisite information below and in a preliminary amendment: (CIP) of prior application No: 09 /324,737 Group / Art Unit: 3723 The of the prior application, from which an oath or declaration is supplied by ing continuation or divisional application and is hereby incorporated by that seem inadvertently omitted from the submitted application parts.
Customer Number or Bar Code Labe I (Insert Customer No. or Att	or Correspondence address below
Address City State Country Telephone	Zip Code

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs/of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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Inder the Paperwork Reduction Act of 1995, no persons	are required to	respona to	a colle	cuon c	information unless it displays a valid UMB	control number.	
	,	Complete if Known					
FEE TRANSMIT	ΤΔΙ	Application Number		Numb	er Unknown		
Patent fees are subject to annual revision on O		Filing	Date		Unknown		
These are the fees effective October 1, 199)7 .	First Named Inventor			tor Scott E. Moore		
Small Entity payments <u>must</u> be supported by a small en otherwise large entity fees <u>must</u> be paid. See Forms F		ment, 9-12. Examiner Name			Unknown	Unknown	
See 37 C.F.R. §§1.27 and 1.28.		Group / Art Unit		Jnit	Unknown		
TOTAL AMOUNT OF PAYMENT (\$) 3,62	8.00	Attorn	ey Doc	ket N	o. MI22-1246		
METHOD OF PAYMENT (check one	e)			FEI	E CALCULATION (continued)		
1. X The Commissioner is hereby authorized to condicated tees and credit any over payment Account Number Deposit Account Account Name Wells, St. John, Roberts	s to: Fe	ADDITION CONTROL CONTR	NAL Small Fee Code 205 227		Fee Description Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet.	9.00 0.00	

1. X The Commissioner is hereby authorized to charge indicated toos and credit any over payments to						
—— indicated tees and credit any over payments to.	Fee Code	Fee (\$)	Fee Code	Fee	Fee Description	Fee Paid
Deposit Account 23-0925	105	130	205	65	Surcharge - late filing fee or oath	0.00
Number Denosit		50	227	25	Surcharge - late provisional filing fee or	0.00
Account Name Wells, St. John, Roberts					cover sheet.	0.00
Charge Any Additional Charge the Issue Fee Set in	139 147	130	139	130	Non-English specification	0.00
Fee Required Under 37 C.F.R. §1.18 at the Mailing of the Notice of Allowance		2,520	147	2,520	For filing a request for reexamination	0.00
2. X Payment Enclosed:	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	0.00
Z. X Check Money Other	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	0.00
FEE CALCULATION	115	110	215	55	Extension for reply within first month	0.00
	116	400	216	200	Extension for reply within second month	0.00
1. BASIC FILING FEE	117	950	217	475	Extension for reply within third month	0.00
Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid	118	1,510	218	755	Extension for reply within fourth month	0.00
Code (\$) Code (\$)	128	2,060	228	1,030	Extension for reply within fifth month	0.00
101 790 201 395 Utility filing fee 690.00	119	310	219	155	Notice of Appeal	0.00
106 330 206 165 Design filing fee	120	310	220	155	Filing a brief in support of an appeal	0.00
107 540 207 270 Plant filing fee	121	270	221	135	Request for oral hearing 0.0	
108 790 208 395 Reissue filing fee	138	1,510	138	1,510		
114 150 214 75 Provisional filing fee	140	110	240	55	Petition to revive - unavoidable	0.00
SUBTOTAL (1) (\$) 690.00	141	1,320	241	660	Petition to revive - unintentional	0.00
2. EXTRA CLAIM FEES		1,320	242	660	Utility issue fee (or reissue)	0.00
Fee from Extra Claims below Fee Paid	143	450	243	225	Design issue fee	0.00
Total Claims 129 -20** = 109 x 18.00 - 1962.00		670	244	335	Plant issue fee	0.00
Independent T5 - 3** = 12 x 78.00 = 936.00	122	130	122	130	Petitions to the Commissioner 0	
Multiple Dependent = 0	123	50	123	50	Petitions related to provisional applications	0.00
**or number previously paid, if greater, For Reissues, see below	126	240	126	240		
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	58 <u>1</u>	40	581	40		
103 22 203 11 Claims in excess of 20	146	790	246	395	Filing a submission after final rejection	
102 82 202 41 Independent claims in excess of 3		700	0.10	005	(37 CFR 1.129(a)) 0.00	
104 270 204 135 Multiple dependent claim, if not paid	149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	0.00
109 82 209 41 ** Reissue independent claims over original patent	Other fee (specify) 0.00					
110 22 210 11 ** Reissue claims in excess of 20 and over original patent	Other fee (specify) 0.00					
SUBTOTAL (2) (\$) 2,898.00 * Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00						
SUBMITTED BY	SUBMITTED BY Complete (if applicable)					
Typedor James D. Shaurette Reg. Number 20,922						
Printed Name Wells, St. John, Roberts, Gregory & Matkin P.S. 39,833						
Signature Date 3/1/00 Deposit Account User ID						

SUBMITTED B	Υ		Complete (if	applicable)
Typed or Printed Name	James D. Shaurette Wells, St. John, Roberts, Gregory	& Matkin P.S.	Reg. Number	39,833
Signature	1122 H	Date 3/1/00	Deposit Account User ID	

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Filing Date

Application Number

TRANSMITTAL **FORM**

First Named Inventor Group Art Unit

March 2, 2000

09/517,127

(to be used for all correspondence after initial filing)

Scott E. Moore et al.

<u>Unknown</u>

		Examiner Name	Unknown				
Total Number of Pages in This Subm	ission	Attorney Docket Number MI22-1246					
ENCLOSURES (check all that apply)							
X Fee Transmittal Form		nent Papers Application)	After Allowance Communication to Group				
X Fee Attached	Drawing	g(s)	Appeal Communication to Board of Appeals and Interferences				
Amendment / Response	Licensii	ng-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final	Petition and Ac	Routing Slip (PTO/SB/69) companying Petition	Proprietary Information				
Affidavits/declaration(s)		to Convert to a anal Application	Status Letter				
Extension of Time Request	Power of Change Address	of Attorney, Revocation of Correspondence	Additional Enclosure(s) (please identify below):				
Express Abandonment Request	Termina Small E	al Disclaimer	Check for \$130.00 Return Postcard Receipt Check for \$40.00 Declaration of				
Certified Copy of Priority	1 1 1	t for Refund	Invention				
Document(s)	Remarks]	`				
X Response to Missing Parts/ Incomplete Application							
X Response to Missing Parts under 37 CFR 1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual name James D. Shaurette, Reg. No. 39,833 Wells, St. John, Roberts, Gregory & Matkin, P.S.							
Signature							
Date 6/21/	00	\$					
CERTIFICATE OF MAILING							
I hereby certify that this correspondence is being deposited with the United States Postal S rvice as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:							
Typed or printed name Natalie King							
Signature Rurden Hour Statement: This formula obtained.		Date					

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